

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>DM</i>	<i>67814</i>	<i>2/8/99</i>
O.I.P.E. CLASSIFIER		<i>21</i>	<i>2/9/99</i>
FORMALITY REVIEW	<i>DM</i>	<i>72223</i>	<i>2-17-99</i>

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 (Through numeral)..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	10/2/02
2	✓	✓	10/2/02
3	✓	✓	10/2/02
4	✓	✓	10/2/02
5	✓	✓	10/2/02
6	✓	✓	10/2/02
7	✓	✓	10/2/02
8	✓	✓	10/2/02
9	✓	✓	10/2/02
10	✓	✓	10/2/02
11	✓	✓	10/2/02
12	✓	✓	10/2/02
13	✓	✓	10/2/02
14	✓	✓	10/2/02
15	✓	✓	10/2/02
16	✓	✓	10/2/02
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18	✓	✓	10/2/02
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26	✓	✓	10/2/02
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28	✓	✓	10/2/02
29	✓	✓	10/2/02
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46	✓	✓	10/2/02
47	✓	✓	10/2/02
48	✓	✓	10/2/02
49	✓	✓	10/2/02
50	✓	✓	10/2/02

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
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